

# CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

## Weekly Bulletin



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Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.  
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XVI, No. 36

October 2, 1937

GUY P. JONES  
EDITOR

## *Coordination of Public Health Nursing Activities\**

By RENA HAIG, P.H.N., Chief, Division of Public Health Nursing, California State Department of Public Health

Among its many claims to distinction, California has one which has received less notice than some others of smaller importance. According to available records, the first public health nurse paid by a municipality, was employed in California. At the request of the women of the College Settlement, the city of Los Angeles, in 1898, agreed to pay the salary of a visiting nurse and several years later assumed full responsibility for the program.

In the intervening thirty-nine years, the number of public health nurses in California has increased from one to approximately twelve hundred and the scope of the nurse's work has been greatly expanded.

Twenty years ago, the first nurse was employed on the staff of the State Department of Public Health. Since that date, nurses have been assigned from time to time, to various bureaus including the Bureau of Child Hygiene, Epidemiology, Tuberculosis, Crippled Children and Venereal Disease Control. An advisory public health nurse was added to the staff of the State Department of Public Health in 1930, but due to the necessity of budget reduction, the position was discontinued in 1932.

As a result of the funds made available through the Social Security Act, the responsibilities and activities of the State Department of Public Health, in

relation to public health nursing have been increased. In order to coordinate all public health nursing activities in the Department and to render more adequate service to public health nurses throughout the state, a Division of Public Health Nursing was established August 15, 1937. Under this plan, public health nurses formerly assigned to the various bureaus are included in the Division of Public Health Nursing. The chief of the division is directly responsible to the Director of the State Department of Public Health. She will work with the chiefs of the Bureaus of County Health Work, Venereal Disease Control, Child Hygiene, Crippled Children and Tuberculosis in planning and developing public health nursing activities related to those services.

The objectives of the Division of Public Health Nursing is to assist in obtaining an adequate public health nursing service of high standard throughout the state. As one means to this end, it is planned to offer advisory service to all public health nurses in the state who desire this type of assistance, including those in full-time health departments, and those employed by other agencies. When the staff of the Division is enlarged, the state will be districted and a field supervisor will be assigned to each district. In planning the program of advisory service, we shall be guided by the needs of the field and the requests of agencies for assistance. A number of public health

\* Read before the Health Officers' Section, League of California Municipalities, San Jose, September 14, 1937.



nurses have requested the holding of small regional conferences for the discussion of problems and the presentation of subjects of interest to them. We hope later to plan for such conferences.

Since the quality of public health nursing depends, to a large extent upon adequately trained personnel, we are prepared to assist health departments and other agencies in obtaining qualified nurses for positions on their staffs. In recommending public health nurses to agencies, we give preference to those nurses who have completed the university course in public health nursing and who have desirable personal qualifications.

In reviewing the public health nursing programs in counties throughout the state, it is interesting to note that in only four counties are all public health nursing activities including school health work and excluding bedside nursing service, coordinated under the direction of the full time health department. In other counties, public health nurses are employed by a variety of agencies. Of the twelve hundred public health nurses in the state, approximately five hundred are employed by the city and county health departments, 450 by boards of education, 125 by nonofficial agencies including the American Red Cross, Tuberculosis Association, Metropolitan Life Insurance Company and visiting nurses associations; and 125 by industries.

For communities where some phases of public health nursing are carried on by private agencies, a joint council or committee of representatives from each agency has been suggested by various public health authorities as a method of coordinating health activities. So far as is known, this plan has not been put into practice in any county in California as yet.

The number and variety of agencies employing public health nurses tends to bring about an uneven distribution of public health nursing service. On the basis of the 1936 population estimate of 6,395,000 for the state, the proportion of public health nurses to population is one to 6000. The ratio frequently given as desirable is one nurse to two thousand population. On January, 1936, the ratio for the entire United States was one to 7714. In his recent book on Rural Health Practice Dr. Mustard states that a practicable, immediate goal for rural health departments is one nurse to five thousand population.

While California, as a whole, is not far from that practicable ratio, not every county enjoys the state average of one nurse to six thousand population.

Another area of unevenness in the picture of public health nursing in local communities is in the quali-

fications of public health nurses. Qualifications vary from those of the graduate nurse who has had no special preparation for public health nursing, to those of the nurse who has completed her university course in public health nursing and holds her masters degree. It has not been possible as yet to make a complete study of the educational preparation of all public health nurses in the state. However, a brief survey has been made of the public health nursing personnel or full-time county health departments exclusive of Los Angeles and San Francisco. This study shows a total of 104 nurses employed in 17 health departments. Of this number 23 have university degrees, 53 have completed university public health nursing courses of eight months or more, 40 have had six weeks or more of university training in public health and 11 have had no theoretical preparation. All but three hold the public health nursing certificate issued by the California State Department of Public Health.

The interest of the health officers in having adequately prepared public health nurses is evidenced by the number of requests received from them for U. S. Public Health Service stipends for members of their staffs to take additional university work. To date, stipends have been granted to twelve public health nurses from one city and seven county health departments for study at the University of California. Funds have not been adequate to comply with all requests received.

A review of the annual reports of county health departments receiving funds from the United States Public Health Service, shows considerable variation in the type of activities carried on by the public health nurses. With a few exceptions, the nurses in these departments are carrying generalized programs. In a few departments, one member of the staff is doing specialized tuberculosis work. The variation in activities reported is due to a number of factors, including work carried by other agencies, inadequate staffs and undeveloped programs in some of the services.

One of the most effective means of developing a well rounded and coordinated public health nursing program in a health department is the employment of a well-qualified supervising nurse. Of the 19 full-time county health departments in California where public health nurses are employed, 12 have supervising nurses.

The health officer depends upon the supervising nurse to assist him in working out general policies and plans for the public health nursing program, holds her responsible for their execution and looks to her for results. He is thereby relieved of the neces-



sity of giving his time and attention to details of the work.

The aim of supervision in the health department is to improve the quality of public health nursing in the community. The supervising nurse works toward this end by coordinating the work of all members of the P. H. N. staff and developing uniformity of work in the department. She assigns work to the nurses in the field, taking care that there is a suitable and equitable division of work and that there is well balanced development of various types of service as to both quality and quantity.

The supervisor interprets the policies and procedures of the department to the nurses in the field and assists them with difficult problems. She plans a program of staff education to stimulate continued growth of the nurses on the staff. She should not be thought of as a person who gives orders to the nurses, but as one who provides sympathetic leadership in the cooperative enterprise of giving the best possible public health nursing service to the community. Supervision which accomplishes this purpose is a wise investment of health department funds because it assists each member of the nursing staff to spend her time in carefully planned and well directed activities.

A survey of public health nursing made by the National Organization for Public Health Nursing in 28 communities in 1934 showed that the quality of the performance of public health nurses in the agencies surveyed was in direct ratio to the amount and kind of nursing supervision provided.

The distribution of the public health nurses' time among the various activities of the health department is a matter which should receive careful study by the supervising nurse and the health officer. The standards set up in the Rural Appraisal form provide a convenient means of estimating the minimum number of nursing visits which should be made to carry out effectively various types of public health programs in the community.

Studies made by the service evaluation committee of the National O. P. H. N. and the Commonwealth Fund show that approximately fifty per cent of a nurse's time is spent in field work including home visits, school work and attending conferences and clinics; and fifty per cent is spent in related activities including travel, office, and record keeping. There is at times a tendency to feel that nurses are working only when they are in the field and that time spent in related activity and particularly in record keeping is not well invested.

However, since adequate records are essential in giving intelligent, continuous service to patients, time must be allowed for that part of the work.

Studies of four Commonwealth Fund demonstrations show that an average of 17 minutes was spent in each nursing field visit where the program was largely devoted to educational and preventive work. An equal amount of time was spent in related activities.

(Continued in next issue)

### NEW LABORATORY MANUAL ISSUED

Dr. J. C. Geiger, Director of Public Health, San Francisco Department of Public Health, has issued a handbook of public health bacteriology, which gives general information regarding epidemiology, collection and shipment of specimens, and bacteriologic, serologic and chemical procedures.

The publication is not for distribution as a public document, but is placed on sale at a nominal price and may be obtained through book sellers. This handbook consists of 141 pages and it provides valuable information in laboratory procedures. It is doubtful that any other publication provides the practical data that is sought by epidemiologists, bacteriologists and laboratory technicians.

In preparing this manual of laboratory methods, Dr. Geiger was assisted by: Dr. Karl F. Meyer, Director of George Williams Hooper Foundation, University of California; Miss B. U. Eddie, Research Associate of that institution; Miss Ida May Stevens, of the Bureau of Epidemiology, State of California Department of Public Health; and the following members of the Department of Public Health of the City and County of San Francisco: Dr. Jacques P. Gray, Assistant Director (until April 1, 1937; now Director of the Angeline Elizabeth Kirby Memorial Health Center, Wilkes-Barre, Pa.), Dr. Kathryn B. Walker and Mr. Clinton G. Davis of the Bureau of Laboratories.

### DR. SNOW HONORED

Dr. William Freeman Snow, secretary of the California State Board of Public Health, 1909 to 1913, and since General Director of the American Social Hygiene Association, was given a testimonial dinner in New York City, October 1st by more than four hundred associates in public health.

Adult education is in one sense a youth movement. Consider the countries involved. They are mainly the ones where English, the Scandinavian languages, German, and French are spoken. This fact is significant. In science, literature, and other fields of sound thinking the peoples using these languages take high rank. They are progressive, giving much attention to the problems involved in bettering human life.



## MORBIDITY

Complete Reports for Following Diseases for Week Ending  
September 25, 1937

## Chickenpox

83 cases: Alameda 1, Berkeley 1, Oakland 17, Fresno County 1, Fresno 2, Kern County 1, Susanville 2, Los Angeles County 4, Huntington Park 1, Long Beach 1, Los Angeles 10, San Fernando 1, South Pasadena 1, Corona 2, Riverside 1, Sacramento 1, National City 1, San Diego 1, San Francisco 11, San Joaquin County 2, Daly City 1, Santa Barbara County 3, San Jose 4, Santa Cruz 4, Tulare County 2, Ventura County 1, Oxnard 4, Ventura 2.

## Diphtheria

34 cases: Berkeley 1, Oakland 6, Richmond 2, Claremont 1, Los Angeles 5, Santa Monica 1, Monterey County 1, Orange County 1, Orange 1, Sacramento County 1, San Bernardino County 1, National City 1, San Diego 3, San Francisco 1, Santa Barbara County 1, Santa Barbara 2, Santa Rosa 1, Ventura County 1, Yuba County 2, Marysville 1.

## German Measles

14 cases: Emeryville 1, Oakland 2, Los Angeles County 1, La Verne 1, Los Angeles 2, Riverside 1, San Diego 1, San Francisco 2, Paso Robles 1, Santa Barbara County 1, Exeter 1.

## Influenza

17 cases: Oakland 1, Los Angeles County 2, Long Beach 2, Los Angeles 1, Santa Monica 1, Brea 3, Santa Ana 1, La Habra 1, Sacramento 2, San Francisco 3.

## Malaria

16 cases: Calaveras County 1, Kern County 1, Los Angeles 1, San Joaquin County 3, Sutter County 1, Yuba County 4, Marysville 4, California 1.\*

## Measles

31 cases: Berkeley 1, Oakland 2, Eureka 1, Kern County 4, Los Angeles County 2, Los Angeles 8, South Gate 1, Merced County 1, Corona 2, Sacramento 1, San Bernardino County 2, San Diego County 1, Coronado 1, San Diego 1, San Francisco 1, San Mateo County 1, Santa Barbara 1.

## Mumps

130 cases: Alameda 3, Berkeley 4, Oakland 1, San Leandro 1, Contra Costa County 1, Fresno County 6, Fresno 1, Los Angeles County 5, Alhambra 8, Beverly Hills 1, Burbank 4, Long Beach 2, Los Angeles 8, Pasadena 3, Santa Monica 3, Lynwood 1, Monterey Park 1, Marin County 2, Mill Valley 1, Orange County 1, Anaheim 1, Fullerton 3, Orange 2, Riverside County 2, Corona 1, Sacramento 4, San Diego County 12, National City 1, San Diego 8, San Francisco 26, San Joaquin County 3, Santa Maria 1, Santa Clara County 1, Palo Alto 1, San Jose 5, Siskiyou County 1, Tulare County 1.

## Pneumonia (Lobar)

26 cases: Oakland 1, Eureka 1, Los Angeles County 3, Los Angeles 12, Marin County 1, Merced County 1, Riverside 1, Sacramento 1, San Diego 1, San Francisco 3, San Jose 1.

## Scarlet Fever

81 cases: Alameda 1, Oakland 3, Amador County 2, Angels Camp 1, Fresno County 7, Firebaugh 1, Eureka 3, Kern County 3, Hanford 1, Susanville 3, Los Angeles County 13, Compton 1, Long Beach 1, Los Angeles 9, Santa Monica 1, South Gate 1, Bell 1, Madera County 2, Madera 1, Orange County 4, Anaheim 1, Fullerton 1, Santa Ana 2, Corona 2, Sacramento 1, San Bernardino County 1, Redlands 1, San Diego County 2, San Francisco 5, Stockton 1, Daly City 1, San Jose 1, Siskiyou County 1, Ventura County 2.

## Smallpox

3 cases: Berkeley 1, Oakland 1, San Diego 1.

## Typhoid Fever

29 cases: Alameda County 1, Imperial County 1, Kern County 1, Bakersfield 1, Lake County 1, Los Angeles County 1, Los Angeles 2, Merced County 3, Orange County 1, Riverside County 1, Riverside 1, Sacramento County 1, San Bernardino County 1, Chino 1, Ontario 1, San Francisco 3, Sonoma County 1, Tulare County 5, California 2.\*

## Whooping Cough

269 cases: Alameda County 3, Alameda 2, Berkeley 2, Oakland 6, Alpine County 4, Contra Costa County 1, Fresno County 6, Fresno 1, Inyo County 2, Kern County 7, Los Angeles County 30, Alhambra 3, Compton 1, Glendale 4, Huntington Park 5, Long Beach 7, Los Angeles 38, Pasadena 4, San Fernando 1, Santa Monica 5, Lynwood 1, Hawthorne 1, Monterey County 2, Monterey 1, Pacific Grove 2, Salinas 3, Orange County 16, Brea 1, Corona 1, Riverside 2, Sacramento 18, San Bernardino County 1, Ontario 1, San Diego County 5, Chula Vista 2, San Diego 13, San Francisco 35, San Joaquin County 7, Manteca 1, San Luis Obispo County 3, Santa Barbara County 4, Santa Clara County 4, Palo Alto 1, San Jose 1, Santa Cruz 1, Sonoma County 2, Tulare County 3, Exeter 1, Yolo County 4.

## Meningitis (Epidemic)

6 cases: Berkeley 1, Oakland 1, Kern County 1, Los Angeles 1, Pomona 1, Tulare County 1.

## Dysentery (Amoebic)

One case: Oakland.

## Dysentery (Bacillary)

14 cases: Los Angeles County 2, Compton 1, Los Angeles 3, Sausalito 1, Sacramento County 1, San Francisco 5, Santa Clara County 1.

## Leprosy

One case: San Bernardino County.

## Pellagra

2 cases: San Bernardino County 1, Santa Barbara County 1.

## Poliomyelitis

41 cases: San Leandro 1, Fresno County 1, Humboldt County 1, Eureka 6, Fortuna 1, Kern County 4, Los Angeles County 1, Los Angeles 5, Signal Hill 1, Sacramento County 1, San Diego County 1, Chula Vista 1, National City 2, San Diego 1, San Francisco 2, Siskiyou County 1, Tulare County 9, Yolo County 1, California 1.\*

## Tetanus

3 cases: Los Angeles 1, Brea 1, Santa Barbara County 1.

## Trachoma

16 cases: Riverside County 12, San Diego County 4.

## Encephalitis (Epidemic)

One case: Tulare County.

## Paratyphoid Fever

3 cases: Pomona 1, Merced County 1, San Jose 1.

## Trichinosis

3 cases: San Francisco.

## Jaundice (Epidemic)

2 cases: El Dorado County.

## Food Poisoning

7 cases: Monterey County 3, San Francisco 4.

## Undulant Fever

9 cases: Oakland 1, Monrovia 1, Whittier 1, Merced County 1, Petaluma 1, Santa Rosa 1, Sutter County 1, Tulare County 1, California 1.\*

## Tularemia

2 cases: Ventura County.

## Septic Sore Throat (Epidemic)

3 cases: Orange County 1, La Mesa 1, Sonoma County 1.

## Rabies (Animal)

35 cases: Kern County 1, Los Angeles County 4, Alhambra 1, Beverly Hills 1, Long Beach 1, Los Angeles 15, Santa Monica 1, West Covina 1, South Gate 1, Merced County 1, Monterey County 2, Santa Cruz County 2, Sonoma County 1, Santa Rosa 2, Porterville 1.

\* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Education is a complex process, its factors being hard to measure, now and then difficult even to detect. Some are intuitive, some come in the natural course of experience, some operate only when one submits to guidance and authority, some when one relies on his individual effort and will.

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